U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Felture to compty may result in criminal prosecution, fines, or civil panelties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

<u> </u>						
1. FBe Number U- 2864	2. Fiscal Year Covered From:					
	1 / 1 / 2004 Through: 12 / 31 / 2004					
3. Name and address of person fiting.	4. Name, file number, and address of labor organization.					
Name John C Martini	Name United Union of Roofers					
	Labor Organization File Number 000-135					
P.O. Box, Bidg., Room No., if any Suite 800	P.O. Box, Building and Room Number, if any Suite 800					
Street 1660 L Street NW	Street 1660 L Street NW					
City Washington	City (washington 5					
State District of Columbia ZIP Code +4 20036	State District of Columbia ZIP Code +4 20036					
5. Position in labor organization. Internationals President	to the service of the					
	Part.					
Enter appropriate date below if, during the past fleed year, you cryour execu-	to er-minor-child directly or indirectly had any of the following interests sions out forth in the instructions):					
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of						
6. Name and address of Employer (including trade name, if any).	To Making of Internal Transporting or Income					
Name						
Trade Name, if any:						
P.O. Box, Bldg., Room No., if any						
Street	7.b. Amount.					
	pro					
City Control Tiponterial C	m to contract or miles contained behalful.					
State 2. P. Carlot 4 Paris 1 to pas Active	namental factoring the included conti-					
Signaturo						
15. Signature and vortification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)						
0000						
Signed with C, Mallu	On 11/01/2005 202-463-7663 Date Telsphone Number					
	Store in Sense City					

Name of Person Filing John Martini	File Number U-				
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.					
8. Name and address of Business (including trade name, if any). Name AFL-CIO Building Investment Trust Trade Name, if any: P.O. Box, Bidg., Room No., if any Street 1717 K Street, N.W. Suite 810 City Washington State District of Columbia ZIP Code+4 20006	9. Business deals with: a. Labor Organization b. Trust c. Employer				
	11.a. Nature of such decling.				
Name National Roofing Industry Fension Fund Trade Name, If any: NRIPP P.O. Box, Bidg., Room No., if any	Investment Manager				
Street 7990 S.W. 117th Avenue	AAAA Aaaaastaa dadhaanaa ahaaa ahaaaa ahaaa ahaaaa ahaaaa ahaaaa ahaaaa ahaaaa ahaaaa ahaaaa ahaaaaaa				
City Miami	11.b. Approximate dollar value of such dealing.				
State Florida ZIP Code + 4 33183-3845	12.a. Nature of interest hold or income received. 01/20/2004 - Dinner Meeting Mr. Martini & Wife				
	12.b. Amount. \$106				
	12.6. Amount				
C. Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of money	er parts A and B above) / or other thing of value.				
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.				
Name					
Trade Name, if any:					
P.O. Box, Bldg., Room No., if any					
Street					
City					
State ZIP Code + 4					
13.b. is the Business an Employer or Consultant / ?	14.b. Amount of payment.				

Name of Person Filing	John	Martini			File Number U-	

Part B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or salling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

	A Produce ducto with	
8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name AFL-CIO Building Investment Trust	a. Labor Organization	
Trade Name, if any:		
P.O. Box, Bldg., Room No., if any	🔀 b. Trust	
Assessment to the contract of	í , c. Employer	
Street 1717 K Street, N.W., Suite 810	o. anpayer	
City Washington		
State District of Columbia ZIP Code + 4 20006		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name National Roofing Industry Pension Fund	Investment Manager	
Trade Name, if any:		
	,	
P.O. Box, Bldg., Room No., If any		
Street 7990 SW 117th Avenue		i
City Miami		Ì
State Plorida ZIP Code +4 33183		
Sate F1011da 21 Coule + 4 (33183	11.b. Approximate dollar votue of such dealing.	
	12.a. Nature of interest held or income received.	
	02/18/2004 - Dinner Meeting Mr. Ma	rtini & Wife
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]
	12 h America	6100
	12.b. Amount.	\$1.90

Name of Person	Filing	John	Mart	ini

File Number U-

Pert B Continuation Page

B. Held an interest in or derived income or economic benefit with monetary value from a bustness (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise deating with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise deating with your labor organization or with a trust in which your labor organization is interested.

Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Mosaic Printing Trade Name, if any: P.O. Box, Bldg., Room No., if any	e. Labor Organization b. Trust		
Street 4801 Viewpoint Place City Cheverly	c. Emptoyer		
State Maryland ZIP Cods + 4 20781			
10. if 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	Printing Company		
State Other ZIP Code + 4	11.b. Approximate dollar value of such dealing.	\$5,000	
	12.a. Nature of interest hald or income received.		
	02/12/2004 - Luncheon Meeting		
	12.b. Amount.	\$27	

AMENDED REPORT

Form LM-30 Fiscal Year: 1/1/2004 – 12-31-2004

Name of Person Filing: John C. Martini

As I was not aware of the report and requirements for filing Form LM-30, for the period January 1, 2004 to December 31, 2004, and prior to that time. I have attempted in good faith to reconstruct such financial transactions or arrangements that may be determined to be reportable occurrences. As I do not have accurate records of such occurrences, some or several items may be unintentionally omitted from this report. The attached represents my honest effort to reasonable estimate and report what I believe to be the necessary information.

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